

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/568362

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2			/			
3	2		/			
4	1		/			
5	1		/			
6	1		/			
7	1		/			
8	1		/			
9	1		/			
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49						
50						
TOTAL IND.	7		5			
TOTAL DEP.	27	←	26	←	←	
TOTAL CLAIMS	34		31			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				↓		
TOTAL DEP.		←			↓	
TOTAL CLAIMS					←	↓